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CCC-963
(08-29-05)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

**TOBACCO TRANSITION PAYMENT PROGRAM
ACCOUNT REGISTRATION**

NOTE: The authority for collecting the following information is Pub. L. 108-357. The authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is Pub. L. 108-357 (The Fair and Equitable Tobacco Reform Act of 2004). The information will be used to determine eligibility for program payments. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

PART A - PARTICIPANT INFORMATION

1A. Participant Name and Physical Address (Include ZIP Code)		2. Participant Taxpayer Identification Number	
1B. Participant Mailing Address (If different from above) (Include ZIP Code)		3. Participant Telephone Number (Include Area Code)	
		4. Participant E-mail Address	
5. Contact Person Name		6. Contact Person Telephone Number (Include Area Code)	
7. If the Participant in Item 1 is an individual, do not complete Item 7. If the Participant in Item 1 is an entity, list the name(s) of the person(s) authorized to sign Form CCC-962, Successor-In-Interest Contract, on behalf of the entity. (Use form FSA-211 if you wish to appoint a Power of Attorney)			
A. Name (Print)		B. Taxpayer Identification Number	
8. Commodity Credit Corporation will post participant information listed in Items 1B, 3, and 4 to www.fsa.usda.gov/tobacco unless you request that such information be withheld by checking the box below: <input type="checkbox"/> Withhold participant information			
9. Have you submitted:	YES	NO	State Where Submitted
A. Highly Erodible Land Conservation and Wetland Certificate (AD-1026)?			County Where Submitted
B. Direct Deposit Sign-Up Form (SF-1199A)?			
C. Power of Attorney (FSA-211) (if applicable)?			

NOTE: If the answer is "YES" to the questions above, enter the State and County where submitted.
If the answer is "NO" to the questions above, submit applicable form(s) with this registration.
Forms are available at <http://forms.sc.egov.usda.gov/eforms/mainervlet>

By signing this registration request, you agree to abide by the provisions found at 7 CFR Part 1463.

10. Signature of Participant	11. Date Signed (MM-DD-YYYY)
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PART B - SUBMIT COMPLETED FORM

12A. Return Form To: U.S. Department of Agriculture Tobacco Division, Room 4080-S 1400 Independence Avenue, S.W., STOP 0514 Washington, DC 20250-0514	OR	12B. FAX Form To: Tobacco Division 202-720-1288	13. Questions Please Call 202-720-7413
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PART C - CCC USE ONLY

14A. Quota Holder Account Number	14B. Producer Account Number
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15. Date Accounts Assigned (MM-DD-YYYY)

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